

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

RECEIVED
SECRETARY OF THE SENATE
PUBLIC RECORDS

16 FEB 22 PM 3:30

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Committee To Elect Cori Bush

ADDRESS (number and street)

P.O. Box 775122

- ☐ (Check if address is changed)

St. Louis

CITY ▲

MO

STATE ▲

63177

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

- ☐ (Check if address is changed)

CoribushforSenate@gmail.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

- ☐ (Check if address is changed)

www.CoriBush.com

2. DATE

MM / DD / YYYY
02 / 05 / 2016

3. FEC IDENTIFICATION NUMBER ►

C

4. IS THIS STATEMENT ☒ NEW (N) OR ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

LaRoyce Lobster-Gaines

Signature of Treasurer

LaRoyce Lobster-Gaines

Date

MM / DD / YYYY
02 / 05 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

201602220200074938

FEC Form 1 (Revised 02/2009)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☒ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate COLE BUSH

Candidate Party Affiliation DEM Office Sought: ☐ House ☒ Senate ☐ President State MO District 01

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

Party Committee:

- (d) ☐ This committee is a NAT (National, State or subordinate) committee of the DEM (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is at:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.	_____	FEC ID number	<u>C</u> _____
2.	_____	FEC ID number	<u>C</u> _____
3.	_____	FEC ID number	<u>C</u> _____
4.	_____	FEC ID number	<u>C</u> _____

201602220200074939

Write or Type Committee Name

Committee to Elect Cori Bush, LaRoyce Gaines, Treasurer

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Deputy Campaign Manager

Telephone number

314-517-2640

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Mailing Address

Title or Position

Treasurer

Telephone number

314-435-9314

CITY

STATE

ZIP CODE

201602220200074940

Full Name of
Designated
Agent

La Royce L Gaines

Mailing Address

~~4923 Lillbura Ave~~

4818 Washington Blvd Suite 207

St. Louis

CITY

MO

STATE

63108

ZIP CODE

Title or Position

Treasurer

Telephone number

314-498-7429

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Enterprise Bank and Trust

Mailing Address

11401 Olive Blvd

St. Louis

CITY

MO

STATE

63191

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY


STATE

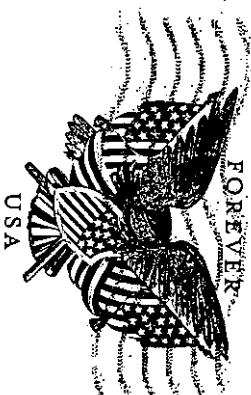
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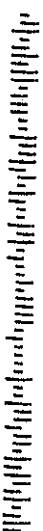
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10-017379



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United States Senate

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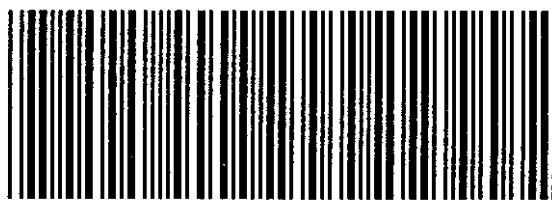
Date of Receipt or Postmark

PREPARER

DATE PREPARED

2/28/2015

201602220200074943



SEN PATCH



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